

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	AN	778	3-2-01 8/14/01
<b>RESPONSE FORMALITY REVIEW</b>	AN	778	8/31/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	10/15/01
2	2	2	4/25/02
3	3	3	12/6/02
4	4	4	6/30/03
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31	31	N	
32	32	✓ ✓ ✓	
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38	38	✓ ✓ ✓	
39	39	N	
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If more than 150 claims or 10 actions  
staple additional sheet here

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 8/14/01  
 00  
 3/31/01  
 3/31/01